

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**
 ► **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

OLE BEHRENDTSEN

Social security number

[REDACTED]

Spouse's name

AMANDA MARTIN BEHRENDTSEN

Spouse's social security number

[REDACTED]

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income.....	1	118,411.
2	Total tax.....	2	12,052.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	41,210.
4	Amount you want refunded to you.....	4	35,258.
5	Amount you owe.....	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize MISSION OAKS TAX & ACCTING INC to enter or generate my PIN [REDACTED] as my
 ERO firm name
 signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

☒ I authorize MISSION OAKS TAX & ACCTING INC to enter or generate my PIN [REDACTED] as my
 ERO firm name
 signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► JOHN S. ELHAI, CPA

Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name
OLE BEHRENDTSEN
 Your social security number [REDACTED]
 If joint return, spouse's first name and middle initial Last name
AMANDA MARTIN BEHRENDTSEN
 Spouse's social security number [REDACTED]
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 [REDACTED]
 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
OJAI, CA 93023
 Foreign country name Foreign province/state/county Foreign postal code
 [REDACTED] [REDACTED] [REDACTED]
☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?..... ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien
Age/Blindness — **You:** ☒ Were born before January 2, 1957 ☐ Are blind
Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐		[REDACTED]		[REDACTED]	SON	☒	
		[REDACTED]		[REDACTED]	DAUGHTER	☒	

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2.....	1	245,001.
	2a	Tax-exempt interest.....	2a	
	3a	Qualified dividends.....	3a	
	4a	IRA distributions.....	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	2b	Taxable interest.....	2b	
	3b	Ordinary dividends....	3b	
	4b	Taxable amount.....	4b	
	5b	Taxable amount.....	5b	
	6b	Taxable amount.....	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here..... ☐	7	
	8	Other income from Schedule 1, line 10.....	8	-55,190.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	189,811.
	10	Adjustments to income from Schedule 1, line 26.....	10	71,400.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	118,411.

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A).....	12a	26,450.	
12b	b Charitable contributions if you take the standard deduction (see instructions).....	12b		
	c Add lines 12a and 12b.....	12c	26,450.	
13	Qualified business income deduction from Form 8995 or Form 8995-A.....	13		
14	Add lines 12c and 13.....	14	26,450.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-....	15	91,961.	
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐	16	11,732.	
17	Amount from Schedule 2, line 3.....	17		
18	Add lines 16 and 17.....	18	11,732.	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812.....	19		
20	Amount from Schedule 3, line 8.....	20		
21	Add lines 19 and 20.....	21	0.	
22	Subtract line 21 from line 18. If zero or less, enter -0-.....	22	11,732.	
23	Other taxes, including self-employment tax, from Schedule 2, line 21.....	23	320.	
24	Add lines 22 and 23. This is your total tax ▶	24	12,052.	
25	Federal income tax withheld from:			
a	Form(s) W-2.....	25a	40,311.	
b	Form(s) 1099.....	25b	180.	
c	Other forms (see instructions).....	25c	719.	
d	Add lines 25a through 25c.....	25d	41,210.	
26	2021 estimated tax payments and amount applied from 2020 return.....	26		
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions..... ▶ ☐	27a		
b	Nontaxable combat pay election.....	27b		
c	Prior year (2019) earned income.....	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812.....	28	3,300.	
29	American opportunity credit from Form 8863, line 8.....	29		
30	Recovery rebate credit. See instructions.....	30	2,800.	
31	Amount from Schedule 3, line 15.....	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	6,100.	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	47,310.	

If you have a qualifying child, attach Sch. EIC.

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	35,258.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here..... ☐	35a	35,258.
Direct deposit? ☒ b Routing number [REDACTED] c Type: ☒ Checking ☐ Savings			
See instructions. d Account number [REDACTED]			
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions.....	37	
	38 Estimated tax penalty (see instructions).....	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions..... ☒ **Yes.** Complete below. ☐ **No**

Designee's name **▶ JOHN S. ELHAI, CPA** Phone no. **▶ [REDACTED]** Personal identification number (PIN) **▶ [REDACTED]**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	[REDACTED]	MD & MEDICAL DIRECTOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	[REDACTED]	BUSINESS OWNER	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JOHN S. ELHAI, CPA	JOHN S. ELHAI, CPA		P00565744	☐ Self-employed
Firm's name ▶ MISSION OAKS TAX & ACCTING INC	Firm's address ▶ [REDACTED]		Phone no. ▶ [REDACTED]	Firm's EIN ▶ [REDACTED]

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2021)

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1..... ► 1

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$ 14,250
	2	15,950
Married filing jointly	1	\$ 26,450
	2	27,800
	3	29,150
	4	30,500
Qualifying widow(er)	1	\$ 26,450
	2	27,800
Head of household	1	\$ 20,500
	2	22,200
Married filing separately**	1	\$ 13,900
	2	15,250
	3	16,600
	4	17,950

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2021)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

OLE AND AMANDA MARTIN BEHRENDTSEN

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-73,490.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	18,300.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-55,190.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 1 (Form 1040) 2021**

Part II Adjustments to Income

11	Educator expenses.....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	12	
13	Health savings account deduction. Attach Form 8889.....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.....	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	
16	Self-employed SEP, SIMPLE, and qualified plans.....	16	
17	Self-employed health insurance deduction.....	17	
18	Penalty on early withdrawal of savings.....	18	
19a	Alimony paid.....	19a	71,400.
b	Recipient's SSN.....		
c	Date of original divorce or separation agreement (see instructions).....		06/2014
20	IRA deduction.....	20	
21	Student loan interest deduction.....	21	
22	Reserved for future use.....	22	
23	Archer MSA deduction.....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions).....	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a.....	26	71,400.

Schedule 1 (Form 1040) 2021

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

OLE AND AMANDA MARTIN BEHRENDTSEN

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.....	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	320.
12	Net investment income tax. Attach Form 8960.....	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation.	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Additional tax from Schedule 8812.	19	
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	320.

Schedule 2 (Form 1040) 2021

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

OLE AND AMANDA MARTIN BEHRENDTSEN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	RENEWAL REVOLUTION	S			X	
B						
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		73,490.			
B					
C					
D					
29 a Totals					
b Totals		73,490.			
30 Add columns (h) and (k) of line 29a					30
31 Add columns (g), (i), and (j) of line 29b					31 -73,490.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31					32 -73,490.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss			Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A				
B				
34 a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36
37 Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41	-73,490.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

OLE AND AMANDA MARTIN BEHRENDTSEN

Your social security number

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	118,411.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	118,411.
4a	Number of qualifying children under age 18 with the required social security number	4a	2
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	6,600.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,600.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,600.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 ☒ B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021. ☐		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	
b	Subtract line 14a from line 12	14b	6,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	
e	Add lines 14b and 14d	14e	6,600.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-.	14f	3,300.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III.	14g	3,300.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	14i	3,300.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the Credit Limit Worksheet A	15a
b Enter the smaller of line 12 or line 15a. Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	15b
1 You are not filing Form 2555.	
2 Line 4a is more than zero.	
3 Line 12 is more than line 15a.	
c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c
d Add lines 15b and 15c	15d
e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III.	15f
g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	15h

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27.	16a
b Number of qualifying children under 18 with the required social security number: _____ X \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27. TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b
17 Enter the smaller of line 16a or line 16b.	17
18a Earned income (see instructions)	18a
b Nontaxable combat pay (see instructions)	18b
19 Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20 Multiply the amount on line 19 by 15% (0.15) and enter the result. Next. On line 16b, is the amount \$4,200 or more? ☐ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.	22
23 Add lines 21 and 22.	23
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24
25 Subtract line 24 from line 23. If zero or less, enter -0-	25
26 Enter the larger of line 20 or line 25. Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c.	27
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a Enter the amount from line 14f or line 15e, whichever applies.....	28a	
b Enter the amount from line 14e or line 15d, whichever applies.....	28b	
29 Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax.....	29	
30 Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line..... Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31 Enter the smaller of line 4a or line 30.....	31	
32 Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33.....	32	
33 Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000	33	
34 Subtract line 33 from line 3. If zero or less, enter -0-.....	34	0.
35 Enter the amount from line 33.....	35	
36 Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000.....	36	
37 Multiply line 32 by \$2,000.....	37	
38 Multiply line 37 by line 36.....	38	
39 Subtract line 38 from line 37.....	39	
40 Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19.	40	0.

Schedule 8812 (Form 1040) 2021

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2021Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

OLE AND AMANDA MARTIN BEHRENDTSEN

Your taxpayer identification number

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	RENEWAL REVOLUTION		-73,490.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	-73,490.	5	0.
3	Qualified business net (loss) carryforward from the prior year.	3	(96,387.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20).			5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20).			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	0.		
11	Taxable income before qualified business income deduction (see instructions).	11	91,961.		
12	Net capital gain (see instructions).	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	91,961.		
14	Income limitation. Multiply line 13 by 20% (0.20).			14	18,392.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15	0.		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(169,877.)		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)		

BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8995 (2021)

Form **8867**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

- To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

OLE AND AMANDA MARTIN BEHRENDTSEN

Enter preparer's name and PTIN

JOHN S. ELHAI, CPA

Taxpayer identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).	☒	☐	
List those documents provided by the taxpayer, if any, that you relied on:			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☒

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (Rev. 12-2021)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	☐
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	☐
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	☐
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

- If any line does not apply to you, leave it blank. See separate instructions.
 ► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

OLE AND AMANDA MARTIN BEHRENDTSEN

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5...	1	285,596.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	285,596.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		35,596.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		320.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	9		
10	Enter the amount from line 4.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation

14	Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RTTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V.	18		320.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,860.	
20	Enter the amount from line 1.	20	285,596.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	4,141.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		719.
23	Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions).	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions).	24		719.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

FDIA6301 08/25/21

Form **8959** (2021)

Form **7203**
(December 2021)Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

► Attach to your tax return.

► Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name(s) shown on return

AMANDA MARTIN BEHRENDTSEN

Name of S corporation

RENEWAL REVOLUTION

Stock block (see instructions) ►

Identifying number

Employer identification number

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year.....	1	0.
2	Basis from any capital contributions made or additional stock acquired during the tax year.....	2	
3a	Ordinary business income (enter losses in Part III).....	3a	
b	Net rental real estate income (enter losses in Part III).....	3b	
c	Other net rental income (enter losses in Part III).....	3c	
d	Interest income.....	3d	
e	Ordinary dividends.....	3e	
f	Royalties.....	3f	
g	Net capital gains (enter losses in Part III).....	3g	
h	Net section 1231 gain (enter losses in Part III).....	3h	
i	Other income (enter losses in Part III).....	3i	
j	Excess depletion adjustment.....	3j	
k	Tax-exempt income.....	3k	
l	Recapture of business credits.....	3l	
m	Other items that increase stock basis.....	3m	
4	Add lines 3a through 3m.....	4	0.
5	Stock basis before distributions. Add lines 1, 2, and 4.....	5	0.
6	Distributions (excluding dividend distributions)..... Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.....	7	0.
8a	Nondeductible expenses.....	8a	
b	Depletion for oil and gas.....	8b	
c	Business credits (sections 50(c)(1) and (5)).....	8c	
9	Add lines 8a through 8c.....	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.....	10	
11	Allowable loss and deduction items. Enter the amount from line 47, column (c).....	11	
12	Debt basis restoration (see net increase in instructions for line 23).....	12	
13	Other items that decrease stock basis.....	13	
14	Add lines 11, 12, and 13.....	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-.....	15	0.

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

Description	Debt 1	Debt 2	Debt 3	Total
	☒ Formal note ☐ Open account debt	☐ Formal note ☐ Open account debt	☐ Formal note ☐ Open account debt	
16 Loan balance at the beginning of the corporation's tax year.....	0.			0.
17 Additional loans (see instructions).....	134,011.			134,011.
18 Loan balance before repayment. Combine lines 16 and 17.....	134,011.			134,011.
19 Principal portion of debt repayment (this line doesn't include interest).....	X	X	X	
20 Loan balance at the end of the corporation's tax year. Combine lines 18 and 19.....	134,011.			134,011.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIA9998 03/22/22

Form **7203** (12-2021)

Part II Shareholder Debt Basis (continued) RENEWAL REVOLUTION**Section B – Adjustments to Debt Basis**

Description	Debt 1	Debt 2	Debt 3	Total
21 Debt basis at the beginning of the corporation's tax year.....	0.			0.
22 Enter the amount, if any, from line 17.....	134,011.			134,011.
23 Debt basis restoration (see instructions)...				
24 Debt basis before repayment. Combine lines 21, 22, and 23.....	134,011.			134,011.
25 Divide line 24 by line 18.....	1.00000000			1.00000000
26 Nontaxable debt repayment. Multiply line 25 by line 19.....				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24..	134,011.			134,011.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.	200.			200.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-.....	133,811.			133,811.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)..	73,490.			73,490.
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-.....	60,321.			60,321.

Section C – Gain on Loan Repayment

32 Repayment. Enter the amount from line 19.				
33 Nontaxable repayments. Enter the amount from line 26.....				
34 Reportable gain. Subtract line 33 from line 32.....				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.....	73,490.			73,490.	
36 Net rental real estate loss.....					
37 Other net rental loss.....					
38 Net capital loss.....					
39 Net section 1231 loss.....					
40 Other loss.....					
41 Section 179 deductions.....					
42 Charitable contributions.....					
43 Investment interest expense.....					
44 Section 59(e)(2) expenditures.....					
45 Other deductions.....					
46 Foreign taxes paid or accrued.....					
47 Total loss. Combine lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	73,490.	0.	0.	73,490.	0.

2021

FEDERAL STATEMENTS

PAGE 1

OLE AND AMANDA MARTIN BEHRENDTSEN

STATEMENT 1
FORM 1040-SR
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
COUNTY OF SANTA BARBARA	239,321.	39,455.	8,854.	4,778.	16,951.	
TOTAL	239,321.	39,455.	8,854.	4,778.	16,951.	0.

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
RENEWAL REVOLUTION	5,680.	856.	352.	82.	302.	68.
TOTAL	5,680.	856.	352.	82.	302.	68.
GRAND TOTAL	245,001.	40,311.	9,206.	4,860.	17,253.	68.

OLE AND AMANDA MARTIN BEHRENDTSEN

**ELECTION TO REDUCE BASIS BY ITEMS OF LOSS OR DEDUCTION BEFORE
NONDEDUCTIBLE EXPENSES AND OIL AND GAS DEPLETION**

PURSUANT TO IRC REGULATION 1.1367-1(G) , THE TAXPAYER HEREBY ELECTS TO REDUCE BASIS BY LOSSES AND DEDUCTIONS BEFORE NONDEDUCTIBLE EXPENSES AND OIL AND GAS DEPLETION. THE TAXPAYER AGREES TO CARRY OVER TO THE SUCCEEDING YEAR THE NONDEDUCTIBLE, NONCAPITAL EXPENSES AND OIL AND GAS DEPLETION DEDUCTIONS THAT EXCEED STOCK AND DEBT BASIS.

S-CORPORATION NAME: RENEWAL REVOLUTION
S-CORPORATION EIN: [REDACTED]

OLE AND AMANDA MARTIN BEHRENDTSEN

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:

RENEWAL REVOLUTION

TAXPAYER IDENTIFICATION NUMBER:

BUSINESS INCOME.....

-73,490.

QUALIFIED BUSINESS INCOME

-73,490.

LINE 5 WORKSHEET (SCHEDULE 8812)

1. MULTIPLY SCHEDULE 8812, LINE 4B, BY \$3,600 3,600.
2. MULTIPLY SCHEDULE 8812, LINE 4C, BY \$3,000 3,000.
3. ADD LINE 1 AND LINE 2 6,600.
4. MULTIPLY SCHEDULE 8812, LINE 4A, BY \$2,000 4,000.
5. SUBTRACT LINE 4 FROM LINE 3 2,600.
6. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS 12,500.
- MFJ \$12,500; QW \$2,500; HOH \$4,375; ALL OTHER \$6,250
7. ENTER THE SMALLER OF LINE 5 OR LINE 6 2,600.
8. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS 150,000.
- MFJ OR QW \$150,000; HOH \$112,500; ALL OTHER \$75,000
9. SUBTRACT LINE 8 FROM SCHEDULE 8812, LINE 3 0.
- IF ZERO OR LESS, ENTER 0
- IF MORE THAN ZERO AND NOT A MULTIPLE OF \$1,000, ENTER THE NEXT MULTIPLE OF \$1,000
10. MULTIPLY LINE 9 BY 5% (0.05) 0.
11. ENTER THE SMALLER OF LINE 7 OR LINE 10 0.
12. SUBTRACT LINE 11 FROM LINE 3. ENTER ON SCHEDULE 8812, LINE 5 6,600.

FEDERAL INCOME TAX WITHHELDCOUNTY OF SANTA BARBARA
RENEWAL REVOLUTION39,455.
856.

EDD

180.

ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)

719.

TOTAL 41,210.**FORM 1040 OR 1040-SR, LINE 30
RECOVERY REBATE CREDIT**

1. CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER PERSON'S 2021 RETURN? IF FILING A JOINT RETURN, GO TO LINE 2.
- NO. GO TO LINE 2.
2. DOES YOUR 2021 RETURN INCLUDE A VALID SOCIAL SECURITY NUMBER THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS) FOR YOU AND, IF FILING A JOINT RETURN, YOUR SPOUSE?
- YES. GO TO LINE 6.
3. WAS AT LEAST ONE OF YOU A MEMBER OF THE U.S. ARMED FORCES AT ANY TIME DURING 2021, AND DOES AT LEAST ONE OF YOU HAVE A VALID SSN THAT WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?
4. DOES ONE OF YOU HAVE A VALID SSN?
5. DO YOU HAVE ANY DEPENDENTS LISTED ON FORM 1040 OR 1040-SR, PAGE 1

OLE AND AMANDA MARTIN BEHRENDTSEN

FORM 1040 OR 1040-SR, LINE 30 (CONTINUED)
RECOVERY REBATE CREDIT

WITH A VALID SSN/ATIN ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING EXTENSIONS)?

6. ENTER \$1,400 IF SINGLE, HOH, MFS, OR QUALIFYING WIDOW(ER)
ENTER \$1,400 IF MFJ AND ANSWERED "YES" TO QUESTION 4, OR
ENTER \$2,800 IF MFJ AND ANSWERED "YES" TO QUESTIONS 2 OR 3..... 2,800.
7. MULTIPLY \$1,400 BY THE NUMBER OF DEPENDENTS LISTED IN THE DEPENDENTS
SECTION ON PAGE 1 OF FORM 1040 OR 1040-SR WHO HAD A SSN/ATIN THAT
WAS ISSUED ON OR BEFORE THE DUE DATE OF THE RETURN (INCLUDING
EXTENSIONS)..... 2,800.
8. ADD LINES 6 AND 7..... 5,600.
9. IS THE AMOUNT ON LINE 11 OF FORM 1040 OR 1040-SR MORE THAN THE
AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$150,000
- NO. ENTER THE AMOUNT FROM LINE 8 ON LINE 12 AND SKIP LINES 10 AND 11
10. IS LINE 9 MORE THAN THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS?
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$160,000
11. DIVIDE LINE 10 BY THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.
ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST 2 PLACES).....
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER): \$10,000
12. MULTIPLY LINE 8 BY LINE 11..... 5,600.
13. ENTER THE AMOUNT, IF ANY, OF EIP 3 THAT WAS ISSUED TO YOU. IF
FILING A JOINT RETURN, INCLUDE THE AMOUNT, IF ANY, OF YOUR
SPOUSE'S EIP3. YOU MAY REFER TO NOTICE 1444-C OR YOUR TAX ACCOUNT
INFORMATION AT IRS.GOV/ACCOUNT FOR THE AMOUNT TO ENTER HERE..... 2,800.
14. RECOVERY REBATE CREDIT. SUBTRACT LINE 13 FROM LINE 12. IF ZERO OR
LESS, ENTER 0. IF LINE 13 IS MORE THAN LINE 12, YOU DON'T HAVE TO
PAY BACK THE DIFFERENCE. ENTER THE RESULT HERE AND, IF MORE THAN
ZERO, ON LINE 30 OF FORM 1040 OR 1040-SR..... 2,800.

OLE AND AMANDA MARTIN BEHRENDTSEN

ACTIVITY NAME: RENEWAL REVOLUTION

BEGINNING STOCK BASIS PLUS INCREASES MINUS DISTRIBUTIONS

STOCK BASIS AT END OF YEAR

BEGINNING DEBT BASIS PLUS RESTORATION MINUS NONTAXABLE REPAYMENT

DEBT BASIS AT END OF YEAR

0.
134,011.
60,321.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
ORDINARY LOSS	73,490.		73,490.	0.
NONDEDUCTIBLE EXPENSES	200.		200.	0.
TOTALS	<u>73,690.</u>	<u>0.</u>	<u>73,690.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS

AMT INCOME

CURRENT YEAR ADJUSTMENTS TO AMT BASIS

AMT BASIS USED FOR LIMITATION

LOSS ALLOWED BY AMT BASIS

AMT FINAL BASIS

0.
134,011.
134,011.
73,690.
60,321.

AMT LOSSES/DEDUCTIONS/EXPENSES

AMT ORDINARY LOSS

AMT NONDEDUCTIBLE EXPENSES

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
	73,490.	0.
	200.	0.
TOTALS	<u>73,690.</u>	<u>0.</u>

OLE AND AMANDA MARTIN BEHRENDTSEN

ACTIVITY NAME: RENEWAL REVOLUTION

(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
-73,490.	0.	0.	0.	0.	0.	0.	-73,490.
-73,490.	0.	0.	0.	0.	0.	0.	-73,490.
200.							200.

ORDINARY INCOME (LOSS)
NET INCOME (LOSS)

TOTAL SCHEDULE E PAGE 2

NONDEDUCTIBLE EXPENSES